

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO.         | DATE     |
|---------------------------|------------|----------------|----------|
| FEE DETERMINATION         | <i>OSM</i> |                |          |
| O.I.P.E. CLASSIFIER       | <i>ASD</i> |                | 8/31/01  |
| FORMALITY REVIEW          | <i>BZ</i>  | <i>IC3-883</i> | 09-20-01 |
| RESPONSE FORMALITY REVIEW |            |                |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

IC811  
09/20/01